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Press Release

Statement by Senator Mark Pryor During a National Town Hall to Address Methamphetamine

Senator Mark Pryor today joined a bipartisan group of Senators for a National Town Hall on Methamphetamine Awareness and Prevention. U.S. Attorney General Alberto Gonzales, Drug Czar John Walters of the Office of National Drug Control Policy, as well as rehabilitative services personnel, and former users of meth spoke about the impact of the drug and solutions to further combat it. The following are Senator Pryor's prepared opening remarks for the forum:

I would like to begin by thanking those who came to Washington today to help us learn more about the meth problem and what we can do about it. Meth is a critical problem for Arkansas and for the nation. The National Drug Intelligence Center says, "Methamphetamine is a principal drug threat to Arkansas, primarily because of the drug's ready availability and the violence and environmental harm that often result from methamphetamine production and abuse." Eighty percent of Arkansas law enforcement agencies report meth as the greatest drug threat to the state.

Meth addiction ruins lives and families. It drains resources and money from hospitals, which affects health care for everyone else. It has the same affect on our criminal justice system. A study by the University of Arkansas found that employers in Benton County alone pay \$21 million each year in costs related to meth addiction. Statistics like these are important, but they must not cause us to lose sight of the individual costs to men, women, and children around the country. As one man said recently from the Benton County Jail, "The only thing that keeps you from killing yourself is getting caught." Meth is a drug we have to stop.

The good news from Arkansas is that Act 256, which went into effect last March, has had a dramatic effect on meth production. By requiring that pseudoephedrine products be taken off the shelves and sold by a pharmacist, obtaining meth ingredients has become more difficult and meth labs have become much scarcer. The monthly average for meth lab seizures in Arkansas dropped from 101 in 2004 to 55 in 2005. This approach is working and we need to pass federal legislation, such as S. 103, so that every state takes the same steps, and so that crossing state lines won't enable anyone to re-supply their meth lab.

While seizures dropped by almost half, meth-related hospital admissions continue to climb. So meth is still available, and therefore coming in from out of state and to a large extent from out of the country. That is a problem we must address here in Washington.

I look forward to hearing from our panelists about what is working in other areas of the country and what suggestions they have for federal and state action. Meth addiction is one of the easiest to develop, one of the most harmful physically, and one of the most difficult to break. In many ways, those who have it cannot help themselves. Those of us here today can and must.

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